



DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division – Tax Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998
Fax: (602) 364-3989

2005 ANNUAL TAX AND FEES REPORT
DUE MARCH 1, 2006

This tax report form must be filed by the following types of insurers ONLY:

HEALTH CARE SERVICES ORGANIZATION	PREPAID DENTAL PLAN ORGANIZATION	HOSPITAL, MEDICAL, DENTAL AND OPTOMETRIC SERVICE CORPORATION
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ORIGINAL REPORT

AMENDED REPORT / REASON _____

Complete Company Name and Home Office Address	State of Incorporation
X	X
X	NAIC Number
X	NAIC Group Number
X	Federal I. D. Number
X	
Preparer's Name and Title:	E-Mail Address:
Toll Free or Collect Phone:	FAX:
Complete Mail Address:	

PART C – SUMMARY OF TAXES AND FEES DUE

1)	Tax Due (Part B, Page 3, line 4a – not less than zero)	\$		(Pay Code 07)
2)	Certificate of Authority Renewal Fee	\$	75.00	(Pay Code 63)
3)	Annual Statement Filing Fee	\$	300.00	(Pay Code 28)
4)	TOTAL DUE (Add lines 1 through 3) - NOT LESS THAN \$375.00	\$		

PAYMENT OPTIONS – CHECK ONLY ONE OPTION FOR REMITTANCE OF THE AMOUNT DUE ABOVE:

- ☐ ACH DELIVERY IN ACCORDANCE WITH THE FORMAT AND CONTENT PRESCRIBED IN FORM E-ACH.INSTRUCTION
- ☐ CHECK PAYABLE TO ARIZONA DEPARTMENT OF INSURANCE IS ENCLOSED WITH THIS REPORT.

MAIL THIS REPORT TO:

Attention: TAX UNIT
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269

PREPARER CERTIFICATION	
I certify that I have prepared this report. It is true, complete and correct to the best of my knowledge.	
SIGNATURE OF PREPARER	DATE
NAME AND TITLE TYPED OR PRINTED	

COMPANY OFFICER CERTIFICATION	
I certify that I have examined this report. It is true, complete and correct to the best of my knowledge.	
SIGNATURE OF OFFICER	DATE
NAME AND TITLE TYPED OR PRINTED	

PART A – ARIZONA HEALTH BUSINESS

IMPORTANT - Attach copies of the ARIZONA State Page 30 and Schedule T from the 2005 Health Annual Statement to this page.

	A GRAND TOTAL Sum of Columns B through J	COMPREHENSIVE MEDICAL				MEDICARE				
		B Individual	C AHP Small Group Only	D All Other Group	E Medicare Supplement	F Federal Employees Health Benefit Plan	G Title XVIII Medicare	H Vision Only	I Dental Only	J Other
1. * Arizona Premium Written (Annual Statement Page 30, line 12)										
2. Exempt Premiums (See Below)	[AH Gross]			[GAH Gross]		[FE Gross]	[MCX Gross]			
3. AZ Premium Subject to Premium Tax at 2% (line 1 minus line 2)			XXXXXXXXXX			[FE Tax = 0] XXXXXXXXXX	[MCX Tax=0] XXXXXXXXXX			
4. Tax Rate	[AH Tax] 2%			[GAH Tax]						
5. Gross Tax Amount (line 3 x line 4)										
	Carry to Page 3, line 1									

ACCOUNTABLE HEALTH PLAN ACTIVITY – Complete if Accountable Health Plan Small Group premiums reported in Column C.

1. Number of Health Benefit Plans issued to small employers with 2, but not more than 50 eligible employees

#

[50P]

2. Number of lives covered by the Health Benefits Plan on line 1

#

[50L]

* Refer to the applicable statute for the basis of premiums to be reported and provide a reconciliation schedule if the amounts reported on line 12, Page 30 of the Annual Statement differ from the amounts reported in Line 1, Page 2 of this report. Health Care Services Organizations see A.R.S. § 20-1060, Prepaid Dental Plan Organizations see A.R.S. § 20-1010, and Hospital, Medical, Dental and Optometric Services Corporations see A.R.S. § 20-837.

LINE 2 EXEMPTIONS:

HOSPITAL, MEDICAL, DENTAL AND OPTOMETRIC SERVICE CORPORATIONS ONLY – Pursuant to A.R.S. § 20-837, “the tax shall not apply with respect to any coverage concerning which the corporation's relationship is as administrative or fiscal agent for national, state or municipal government or any political subdivision or body thereof, and such tax shall not apply with respect to any premiums received from funds of national, state or municipal government or any political subdivision or body thereof.” Complete Form E-HEALTHORG.HMDO and enter the exempt amounts in the appropriate Columns on line 2, including Column A.

COLUMN C, LINES 1 AND 2 – AHP SMALL GROUP ONLY:

This Column should only be completed if the organization is an approved Accountable Health Plan (“AHP”) that issued “Health Benefit Plans” to “Small Employers” pursuant to the definitions prescribed in A.R.S. § 20-2301. THE ORGANIZATION MUST COMPLETE AND ATTACH FORM E-AHP TO SUPPORT THE CLAIMED EXEMPT PREMIUMS and provide “Accountable Health Plan Activity” information above.

COLUMN F, FEDERAL EMPLOYEE HEALTH BENEFIT PLAN premiums are pre-exempted from state tax under federal law. Enter the full amount reported in line 1 of Column F on line 2 of Column F, and include the amounts in lines 1 and 2 of Column A.

COLUMN G, Title XVIII MEDICARE funds are pre-exempted from state tax under federal law. Attach a copy of the approval letter issued by CMS as a Medicare + Choice / Medicare Advantage Organization.

PART B - ARIZONA TAXES DUE FOR CALENDAR YEAR 2005

1. Gross Tax Amount from Part A, Page 2, line 5 \$ _____ (GT)
Less Allowable Credits
a) Enterprise Zone Credit from Form E-ZONE \$ _____ (EZC)
b) Military Reuse Zone Credit from Form M-ZONE \$ _____ (MZC)
c) Total (line 1a plus line 1b) \$ _____ (TAO)
d) Enter the LESSER amount of line 1 or 1c \$ _____ (TC)
2. Net Tax Amount (line 1 minus line 1d, but not less than 0)
(2006 Installment Tax Base) \$ (IB)
3. Less: 2005 Installment Taxes Paid (excluding penalty or interest)
a) March 15, 2005 \$ _____
b) April 15, 2005 \$ _____
c) May 15, 2005 \$ _____
d) June 15, 2005 \$ _____
e) July 15, 2005 \$ _____
f) August 15, 2005 \$ _____
g) Total of lines 3a through 3f (-)\$ _____ (TIP)
4. Enter the result of line 2 minus line 3g on line 4a if positive, or on 4b if negative.
a) Tax due with this report – carry to Part C, Page 1, line 1 \$ (NT)
- * b) Overpayment of tax – to be refunded pursuant to A.R.S. § 20-224.02 \$ (SR)

*** WARNING! DO NOT ATTEMPT TO APPLY A TAX OVERPAYMENT TO ANNUAL FEES DUE WITH THIS REPORT. YOUR OVERPAYMENT WILL BE REFUNDED WITHIN 90 DAYS OF THE DUE DATE OF THIS REPORT. ANNUAL FEES MUST BE PAID WITH THIS RETURN.**

CONTINUE TO PART C ON PAGE 1 FOR SUMMARY AND SIGNATURES

PENALTY FOR LATE PAYMENT OF TAX:

Late payment of tax is subject to a civil penalty equal to the greater of \$25 or 5% of the tax paid late, plus interest at the rate of 1% of the tax paid late per month from the date the tax was due.